DOCUMENT RESUME

ED 160 920 CG 012 855

AUTHOR Downing, Nancy E.
TITLE The Broverman Study Revisited: Implications of Androgyny.
PUB DATE 78
NOTE 8p.; Paper presented at the Annual Convention of the Southeastern Psychological Association (24th, Atlanta, Georgia, March 15-18, 1978)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS *Androgyny; *Clinical Diagnosis; Mental Health; Personality Assessment; Perspective Taking; *Psychotherapy; Research Projects; *Role Perception; *Sex Differences; *Sex Stereotypes; Undergraduate Students

ABSTRACT

The effects of three major variables--the perceived sex of the evaluatee, the sex of rater, and the sex-role identity of rater--were investigated with respect to concepticns of psychological health. The Bem Sex Role Inventory and the Sex Role Stereotype Questionnaire were administered to 222 undergraduate students. Using the difference in the mean descriptions of the healthy adult male and female as the dependent measure, an analysis of variance procedure indicated that there was a significant interaction between the sex of rater and sex role identity variables, with the androgynous male group reporting the least discrepancy between the two descriptions. Further analysis of the data revealed that while the sex by sex role groups varied in the relative amount of difference between these two descriptions, in absolute terms all groups described the healthy adult male as significantly different from the healthy adult female. Implications of this research were discussed in relation to the existence of a perceptual double standard in conceptions of psychological health, in relation to the effects that information levels have on producing such a double standard, and in relation to the consequences of a perceptual double standard for sex-role stereotyping in psychotherapy. (Author)

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A paper presented at the 1978 Annual Convention of the Southeastern Psychological Association. Symposium title: Sex-role stereotyping in psychotherapy.

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Nancy E. Downing
University of Florida

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The Broverman Study Revisited: Implications of Androgyny

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It has long been an expressed aim of psychotherapy to facilitate the optimum development and growth of individuals, yet research evidence indicates that therapists describe psychological health for men and women differently (Broverman, Broverman, Clarkson, Rosenkrantz, & Vogel, 1970; Maslin & Davis, 1975; Neulinger, 1968; Neulinger, Stein, Schillinger, & Nelkowitz, 1970).

The classic study which demonstrates the existence of such a perceptual double standard is the Broverman 1970 study (Broverman et al., 1970) Using the Sex-Role Stereotype Questionnaire (Rosenkrantz, Vogel, Bee, Broverman, & Broverman, 1969) she found that the healthy adult male was more likely than the healthy adult female to be assigned positive masculine characteristics and equally as likely to be assigned positive feminine characteristics. Broverman concluded that clinical judgments about psychological health differ as a function of the sex of the person evaluated, and that these differences paralleled traditional sex-role differences.

Recently, Murray (1976) investigated the relationship between sex-role identity as measured by the Bem Sex-Role Inventory (Bem, 1974) and perceptions of psychological health. She asked 281 women to rate the psychological health of three women pictured in 45 different photographs. Appearance and task variables were manipulated in the photographs, each alternately being neutral, masculine and feminine in character. Her results indicated that masculine tasks performed by the women were rated overall as more psychologically healthy than were feminine tasks. She

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also found a significant interaction between the sex-role identity and task variables. Specifically, the feminine group devalued masculine tasks significantly more than did the masculine and androgynous groups. The masculine group did not devalue feminine tasks while the androgynous group valued all types of tasks. Thus, Murray found that ratings of psychological health for women varied as a function of the activity in which the stimulus person was engaged and the rater's sex-role identity.

The current study investigated whether androgynous individuals differed from masculine and feminine individuals in their descriptions of psychological health using the Sex-Role Stereotype Questionnaire (SRSQ) and the Bem Sex-Role Inventory (BSRI). It was hypothesized that androgynous individuals would describe the healthy adult male and female similarly. Since androgynous individuals do not confine their self-concepts and behavior in sex-role stereotypic ways, then their descriptions of psychologically healthy individuals should also be free of such stereotypes. In contrast, it was hypothesized that masculine men and feminine women would describe the healthy adult male and female in a more traditional manner. It was thought that individuals who confine their self-perceptions and behavior in accordance with rigid sex-role restrictions are intuitively more likely to impose such sex-role biases on their descriptions of the psychologically healthy male and female as well.

Participants in this study were 222 undergraduate students enrolled in introductory psychology courses at the University of Florida. This sample was chosen because of its accessibility and demonstrated similarity to clinicians regarding conceptions of psychological health (Broverman et al., 1970; Nowicki & Poe, 1973). The participants were asked to describe themselves using the BSRI and to rate both the healthy

adult male and female in counterbalanced order.

The effects of the sex of rater and the sex-role identity variables on the ratings of the healthy adult male and female were determined by an analysis of variance procedure. The dependent variable was the difference between the ratings of the healthy adult male and female for each subject. The F test for the interaction effects between the rater's sex and sex-role identity was significant (F (3, 214) = 2.84, $p < .04$). Figure 1 graphically illustrates these results.

Insert Figure 1 about here

Further analysis of these results indicated that the sex-typed male and female groups had the greatest mean difference in their ratings of the healthy adult male and female. The androgynous male group perceived the least difference while the ratings of the androgynous female group fell ambiguously inbetween.[2]

In order to investigate the magnitude of the perceived differences for the four groups correlated t-tests were computed. As anticipated, the masculine and feminine groups described the healthy adult male significantly different from the healthy adult female (masculine males: $t = 8.05$, df = 35, $p < .001$; feminine females : $t = 6.70$, df = 41, $p < .001$). Contrary to prediction, the androgynous males and females, although their difference socres were significantly smaller than those of the masculine and feminine groups, also described the healthy adult male as significantly different from the healthy adult female (androgynous males: $t = 4.60$, df = 16, $p < .001$; androgynous females: $t = 8.05$, df = 49, $p < .001$).

While the androgynous groups tended to perceive less of a difference than did their sex-typed counterparts, the perceived differences for both male and female androgynous groups were significantly different from zero. Therefore, even though the sex x sex-role groups varied in the relative amount of difference between these two descriptions, in absolute terms all groups described the healthy adult male significantly different from the healthy adult female.

This finding raises questions about the nature of the androgynous individual. It was hypothesized that if an individual's self-perceptions were not limited by sex-role stereotypes, then his or her perceptions of similar others (healthy individuals; see Nevill, 1977 for discussion) also would not be restricted. This hypothesis, however, was not confirmed by the data. It seems as though the androgynous groups hold one set of standards by which they judge themselves and another more stereotyped set of standards by which they judge psychological health in others.

There is some evidence to support this unexpected finding. Rosenkrantz (et al., 1968) and Spence (et al., 1975) have found that self-perceptions tend to be less stereotypic than perceptions of an imagined male or female. Delia (1972) has also found that the amount of information an individual knows about the person is inversely proportional to the amount of stereotyping the individual uses in forming perceptions of that person. Since the raters were not given any description other than to imagine a mature, psychologically health adult male or female, the information level in this task was low, and therefore, stereotyping occured. However, it was expected that the androgynous groups would not perceive the healthy adult male and female in a stereotypic fashion regardless of the level of information given to them. This was, in fact, the case in the Murray (1976)

study where the androgynous women perceived masculine, feminine, and neutral tasks in a female stimulus person as all equally psychologically healthy. However, Murray provided a greater amount of information about the stimulus person in the form of photographs. Therefore, it seems that when the information level is low, androgynous individuals describe unknown others stereotypically just as masculine and feminine individuals do. It is only when more information is provided, as in the Murray study, that androgynous individuals do not use stereotypes in their perceptions of psychological health.

This argument can be extended to actual therapy situations where the information level of the therapist about the client is high and hence, one would expect less stereotyping to occur. Even though Broverman found significant differences in the descriptions of the healthy adult male and female in her clinician sample, the generalizability of the results from this low information task to actual therapy behavior may be tenuous. Further research is needed to determine the exact effects of the level of information variable and the sex-role identity variable on therapists' perceptions of the psychological health of their clients.

Footnotes

[1]This paper is a partial report of the findings of Downing (1977).

[2]The cross sex-typed and residual groups were included in the original analysis of variance procedure in order to accurately represent the overall sex of rater groups. Their exclusion from the Duncan's procedure is statistically justifiable on the grounds that the experimenter was not interested in drawing inferences about the ratings of these groups.

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Figure 1

The Effects of Rater's Sex and Sex-Role Identity on Mean Differences in the Ratings of the Healthy Adult Male and Female